

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

April 10, 2021

3:33 p.m.

MEMBERS PRESENT

Representative Liz Snyder, Co-Chair
Representative Tiffany Zulkosky, Co-Chair
Representative Ivy Spohnholz
Representative Mike Prax
Representative Christopher Kurka (via teleconference)

MEMBERS ABSENT

Representative Zack Fields
Representative Ken McCarty

COMMITTEE CALENDAR

CONFIRMATION HEARING(S) :

State Medical Board

Steve Parker - Palmer
Maria Freeman - Wasilla
Lydia Mielke - Big Lake
David Boswell - Fairbanks
Richard Wein - Sitka

- CONFIRMATION(S) ADVANCED

Sarah Bigelow Hood - Anchorage
Larry Daugherty - Anchorage

- SCHEDULED BUT NOT HEARD

Alaska Mental Health Trust Authority

Rhonda Boyles - Anchorage
Brent Fisher - Anchorage
Annette Gwalthney-Jones - Anchorage
Anita Halterman - Eagle River

- CONFIRMATION(S) ADVANCED

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

STEVE PARKER, MD, Appointee
State Medical Board

Division of Corporations, Business and Professional Licensing
Department of Commerce, Community, and Economic Development
Palmer, Alaska

POSITION STATEMENT: Testified as appointee to the State Medical Board.

MARIA FREEMAN, MD, Appointee
State Medical Board

Division of Corporations, Business and Professional Licensing
Department of Commerce, Community, and Economic Development
Wasilla, Alaska

POSITION STATEMENT: Testified as appointee to the State Medical Board.

LYDIA MIELKE, Appointee
State Medical Board

Division of Corporations, Business and Professional Licensing
Department of Commerce, Community, and Economic Development
Big Lake, Alaska

POSITION STATEMENT: Testified as appointee to the State Medical Board.

ACTION NARRATIVE

[3:33:34 PM](#)

CO-CHAIR LIZ SNYDER called the House Health and Social Services Standing Committee meeting to order at 3:33 p.m. Representatives Prax, Spohnholz, Zulkosky, and Snyder were present at the call to order. Representative Kurka (via teleconference) arrived as the meeting was in progress.

CONFIRMATION HEARING(S)

State Medical Board

Alaska Mental Health Trust Authority

[3:34:25 PM](#)

CO-CHAIR SNYDER announced that the only order of business would be the confirmation hearings for the governor's appointees to the State Medical Board [and the Alaska Health Trust Authority].

CO-CHAIR SNYDER provided a brief overview of the State Medical Board. She noted that the governor appoints a board of medical examiners to be known as the State Medical Board, consisting of five physicians licensed in the state and residing in as many separate geographical areas of the state as possible, one physician assistant licensed under AS 08.64.107, and two persons with no direct financial interest in the healthcare industry. Duties include but are not limited to examining and issuing licenses to applicants, developing written guidelines to ensure that licensing requirements are not unreasonably burdensome, imposing disciplinary sanctions on persons who violate the regulations and orders of the board, and adopt regulations ensuring that renewal of licenses are contingent on proof of continued competency on the part of the licensee.

CO-CHAIR SNYDER invited appointee Dr. Steve Parker to provide testimony stating why he is qualified and interested in serving on the State Medical Board.

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STEVE PARKER, MD, Appointee, State Medical Board, Division of Corporations, Business and Professional Licensing, Department of Commerce, Community, and Economic Development, testified as appointee to the State Medical Board. He stated he has been a private physician for the past 12 years, his medical training was at Michigan State University College of Human Medicine, and he served in the military for about 10 years and did his family medical residency at Fort Bragg. Since then, he has been employed, a solo physician, a hospitalist, a medical director for a nursing home, and until recently did full spectrum family practice with obstetrics.

DR. PARKER said his desire to be involved with the State Medical Board stems from an interest in protecting patients from poor practices, helping other physicians improve their practices, and protecting his colleagues from bureaucratic overreach. Without reasoned and measured response, he stated, Alaska can be made an undesirable place for the varied specialists the state desperately needs. A benefit that he brings to the board is his exposure to medicine at the various levels and he has served on many committees with similar goals to the State Medical Board.

Currently, he has had one year serving on the State Medical Board.

3:38:16 PM

REPRESENTATIVE PRAX offered his understanding that Dr. Parker has served one year on the State Medical Board.

DR. PARKER replied yes.

REPRESENTATIVE PRAX asked whether Dr. Parker has been involved in any disciplinary hearings of physicians.

DR. PARKER responded yes.

REPRESENTATIVE PRAX inquired about the qualities that are looked for in a member of the State Medical Board.

DR. PARKER answered that a typical example is someone will complain about a situation in their medical experience and will present that complaint to the State Medical Board. It will be investigated and then the board will review it to see if they meet the standards based on the regulations of the regulatory body of the medical board. If they are meeting all of those standards, the board would just close the case. If they do not meet those standards, the board would try to find an appropriate disciplinary measure usually based on some precedent.

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REPRESENTATIVE SPOHNHOLZ asked whether Dr. Parker owns or works for Coho Family Medicine.

DR. PARKER replied that it is his private business.

REPRESENTATIVE SPOHNHOLZ asked whether it is true that Coho Family Medicine has sponsored Alaska Right to Life.

DR. PARKER responded yes.

REPRESENTATIVE SPOHNHOLZ presumed that Dr. Parker is personally anti-abortion.

DR. PARKER confirmed he is personally anti-abortion.

REPRESENTATIVE SPOHNHOLZ noted that Alaska has a clear privacy clause which guarantees the right to safe and legal abortion in

the state. She asked if Dr. Parker is comfortable separating his personal beliefs about abortion from his responsibilities as a State Medical Board member to ensure that regulations around abortion continue to maintain safe and legal access in Alaska.

DR. PARKER replied that his personal views would not affect whether he thought something was appropriate or inappropriate. It would not be his place, he added, to say whether it was moral or immoral but whether they acted professionally.

REPRESENTATIVE SPOHNHOLZ stated that the most important standard isn't just that they acted professionally but whether they acted legally. She asked whether Dr. Parker agrees.

DR. PARKER responded that he agrees.

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CO-CHAIR ZULKOSKY asked whether Dr. Parker can balance his time between his business and the significant amount of time required for being a State Medical Board member. She noted that over 2020 a significant amount of time was needed because of COVID-19 and data is being seen that there continues to be widespread transmission of COVID-19 in the Matanuska-Susitna Valley.

DR. PARKER answered that he has so far, and that the commitment has declined significantly. He related that early on the board was meeting almost weekly but many of those issues are now taken care of. In the future, even with more COVID-19, the issues arising should be easier to work through.

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CO-CHAIR SNYDER requested examples of specific situations or issues of bureaucratic overreach that are of greatest interest to Dr. Parker.

DR. PARKER replied he views the State Medical Board as one of the most dangerous things to a doctor's career. The board must be very careful before doing any type of disciplinary action or even a letter of advisement because those things add huge hurdles to physicians later and then those things can potentially snowball. For instance, if a doctor receives a non-disciplinary action and then 10 years later forgets having had this non-disciplinary action that can turn into a disciplinary action in the future. So, even though the board at the time didn't think the doctor was doing anything wrong and gives the

doctor a letter of advisement then the doctor can get disciplinary action down the road which could potentially be very damaging to that doctor's career. So, the board must be very careful that anything it does to a physician, such that if it's not going to have a significant benefit to that physician or protect patients, the board should try not to do anything because the burden on the physician can snowball, and no one wants to work in a state where doctors have this unnecessary burden that snowballs on them.

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REPRESENTATIVE SPOHNHOLZ stated she understands the concern about the impact that State Medical Board decisions, even informal decisions, can have on somebody's career. She said the State Medical Board has an obligation to ensure that physicians are adhering to licensing requirements and that they are safe and acting in the public's best interest. There have been some well documented examples of physicians who have not adhered to best practices, and it's been very dangerous to the state. An example is physicians over-prescribing opioids which contributed to opioid abuse in Alaska. She asked Dr. Parker to describe the kinds of things he thinks are appropriate for the State Medical Board to act on.

DR. PARKER responded that clearly it is a big issue when people are not having good care with their opiate prescribing. Another is if people are having serial complications of surgery that is related to not having proper technique. Those kinds of things are very actionable. He said his concerns are more along the lines of paperwork issues where there is no benefit to the patient yet potentially significant harm to the physician's career. Patients being harmed or the potential for patient harm are the things he would strongly encourage action on.

REPRESENTATIVE SPOHNHOLZ requested Dr. Parker to give an example of paperwork issues that have no impact on patient care that the State Medical Board has identified in the past that concern him.

DR. PARKER answered that one of the biggest issues the State Medical Board has right now is doctors registering for the Prescription Drug Monitoring Program (PDMP). About 50 percent of the physicians are not registering for PDMP, so based on that the board could literally discipline half the doctors in the state, some of which prescribe very little or no opiates. The doctors who are going to be registered with PDMP are probably doctors who prescribe opiates multiple times a day. He said he

therefore believes the board potentially could be disciplining doctors who very rarely prescribe opiates and are not likely to be the cause or problem related to opiates, potentially harming their careers without any significant benefit to patient safety.

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REPRESENTATIVE SPOHNHOLZ related that the legislature felt strongly enough about the issue of opioid prescription and over-prescription that it passed several pieces of legislation, mostly in 2016 and 2017, which were designed to reduce opioid prescription and increase tracking of opioid prescription in the state. She inquired whether Dr. Parker is suggesting that participation in a state required PDMP is not a serious thing for ensuring that it is being enforced.

DR. PARKER replied he does believe it is a serious thing and agreed it's a good tool. He said approximately 50 percent of the doctors in Alaska are not interested or not registering and asked whether enforcing that on 50 percent of the doctors in Alaska is wanted.

REPRESENTATIVE SPOHNHOLZ asked what Dr. Parker would deem as an appropriate remedy for people not participating in a state required prescription drug monitoring database.

DR. PARKER responded that the best remedy is to show that it is a useful program.

REPRESENTATIVE SPOHNHOLZ inquired whether Dr. Parker thinks that people should have to be persuaded to follow the law.

DR. PARKER answered, "I guess so because they're not." He stated he is registered with the PDMP and uses it every time, so he is not saying he is justifying what these people are doing. But, he continued, in a very busy clinic this adds another two to three minutes for each prescription a doctor writes and with limited staffing this may make it almost impossible to see patients in a timely manner. He related that while reviewing the people who were giving information on that project he saw very few physicians, so legislators may not have gotten enough information from the people seeing these patients and who could have given better information on how to get physicians involved.

REPRESENTATIVE SPOHNHOLZ offered her belief that the legislature added some flexibility to the PDMP to allow doctors to delegate data entry into the PDMP to other staff working in their

offices. Having suggestions for how to make the PDMP compliance process more streamlined is valid, but she is concerned by the suggestion that participating in the Prescription Drug Monitoring Program wouldn't be enforced, given the legislature felt a need for this program to exist. She stated she finds it deeply concerning that Dr. Parker would suggest that following the law in this specific example is optional.

[3:52:48 PM](#)

DR. PARKER insisted he did not say that.

REPRESENTATIVE SPOHNHOLZ said she thinks he did say that.

DR. PARKER responded that all he said was 50 percent of the physicians and to follow that by rote would potentially take out 50 percent of the physicians working in Alaska. Any time there is legislation the unintended consequences must be thought of, and this is potentially a significant unintended consequence. Several times at the State Medical Board he has presented options for making the PDMP easier or less burdensome. Right now, it is a significant burden to a doctor writing any number of opiate prescriptions. It is also burdensome to enroll in it because it's confusing and there is a lot of issues with renewing it. It is far from a perfect situation.

CO-CHAIR SNYDER stated that it seems Dr. Parker has identified some challenges with the PDMP system. She asked how, as someone sitting on the State Medical Board, Dr. Parker would communicate those concerns, to whom would he communicate those concerns, and what would he like to see the outcome be, understanding and acknowledging the problem that the law is not being followed by nearly 50 percent of Alaska's physicians. While challenges have been identified, she continued, the State Medical Board is here to ensure that the licensees are following the laws. She further asked what Dr. Parker's recommendations would be and how he would act sitting on the board to address this problem.

DR. PARKER answered that at his clinic he has attempted to integrate the PDMP with his own electronic records so that it immediately pops up once he opens an opiate prescription for a patient. He said he contacted the company the state works with but had no success getting through to them, although he knows certain people have that option. He suggested that if it was integrated into electronic health records where it would just pop up automatically, that's where the state might want to be interacting with electronic health records to make this happen.

The best way to ensure that a doctor is checking it is to absolutely force the doctor to do it. In a busy clinic, even if registered, a doctor is going to miss from time to time, that's just a reality. Also, Dr. Parker continued, the renewal process is weird, it's different from the licensing process, and it's a different process and different set of money that must be sent in. [The board] has talked about getting that integrated so the registration is automatic with the medical license so a doctor can't do one without the other. If it's automatic, it's done. If it's not automatic, it will lose a lot of people and lose a lot of unchecked scripts.

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CO-CHAIR ZULKOSKY offered her appreciation for Dr. Parker's experience and perspective in the field with the PDMP. She noted that the State Medical Board is responsible for the licensing regulation and discipline of health care providers in Alaska, not necessarily the setting of policy. She said she respects Dr. Parker's position on the policy improvements that can be made, such as the PDMP which could lead to paperwork issues of physicians that may come before the board. She asked whether Dr. Parker can separate his ideology on these policy issues to uphold his responsibilities as a member of the State Medical Board.

DR. PARKER asked what Co-Chair Zulkosky perceives as his ideology.

CO-CHAIR ZULKOSKY recounted Dr. Parker mentioning that if a PDMP related disciplinary action came before the board it may not necessarily be something that should be considered for acting on. She said Dr. Parker's responsibility on the State Medical Board is to ensure that all the state's laws are being upheld. She stated she would like to better understand Dr. Parker's reference of maybe not holding somebody to laws that he might feel are problematic.

DR. PARKER replied he can differentiate between his personal views and doing what is required by regulation. He said the big issue with the PDMP is that no one is complaining about people not being registered in PDMP, so it's not going to come to the board typically. The board is complaint based, so when a patient complains it's usually not about whether his or her doctor is checking to make sure that the patient is getting opiates in only one place. There isn't a good way of pulling out the physicians who are a problem with the PDMP. The board

is not designed to reach out and grab people, the complaint must come to the board.

CO-CHAIR ZULKOSKY stated that that wasn't the question, but the response is appreciated.

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REPRESENTATIVE KURKA inquired about the reasons for why 50 percent of the doctors in Alaska are not complying with the things they are supposed to report by law. He asked whether Dr. Parker thinks those 50 percent are not complying because they didn't have the time to do so, or are only doing a few opioid [prescriptions], or not prescribing opioids at all.

DR. PARKER responded he is sure that pain doctors are registered with the PDMP and that a pain doctor probably has a staff member who acts as the doctor's delegate to provide the PDMP forms when the doctor walks into the room and therefore the doctor doesn't have to do anything extra. The people who will be gotten for the PDMP are probably family practice, internal medicine, private physicians, solo practices, those in the Bush, or those serving smaller communities who rarely prescribe opiates. He qualified that this is his perception, and he does not have any studies or numbers on this. He added that it is mostly going to hurt primary care if [the board] were to reach out and yank those doctors.

REPRESENTATIVE KURKA said it seems Dr. Parker is identifying an issue that the committee was unaware of where the legislature's plan to tackle the opioid crisis is not being fully implemented or working. He inquired whether Dr. Parker would be willing to provide in writing some suggestions for how to solve this piece of the problem.

DR. PARKER answered that the two options he just gave would remedy the whole issue - 1) Make it impossible to get a medical license without also being registered in PDMP; and 2) Some type of requirement for electronic health records used in Alaska to automatically have the PDMP information appear once a controlled substance prescription is opened or once the prescription part of the program is opened for a patient. That would make it impossible not to do the process and at the same time it would take away all that burden. He explained that logging into PDMP multiple times a day probably takes about 30 minutes of his day if he is seeing a lot of patients of that nature.

4:08:39 PM

REPRESENTATIVE PRAX offered his understanding that Dr. Parker thinks that the regulation relative to the PDMP should be enforced but on the other hand he would like an opportunity to improve the regulation process so that it isn't a burden.

DR. PARKER replied, "Absolutely."

CO-CHAIR SNYDER noted that appointees Sarah Bigelow-Hood, [Physician Assistant (PA)], and Larry Daughtery, [MD], are not in attendance or online to testify. She invited appointee Dr. Maria Freeman to provide testimony stating why she is qualified and interested in serving on the State Medical Board.

4:09:33 PM

MARIA FREEMAN, MD, Appointee, State Medical Board, Division of Corporations, Business and Professional Licensing, Department of Commerce, Community, and Economic Development, testified as appointee to the State Medical Board. She stated she has been a family medicine physician in Alaska for 27 years, the first four years in Barrow, then seven years in Anchorage, and the last sixteen years in the Mat-Su Valley area. Through her family medicine practice in Wasilla, she serves many people, including Medicare, Medicaid, and Tri-Care patients. Five and a half years ago she developed a medication assisted treatment program for opioid use disorders and patients with dependency. She works at the Algone Interventional Pain Clinic and serves a patient population with great needs and difficulties. She has been involved with the Mat-Su Opioid Task Force, which is a multi-disciplinary group. She related her religious activities.

DR. FREEMAN said she was invited to serve on the State Medical Board and that it offers an opportunity to learn and to serve her community of Alaska. She brings to the board over 30 years of medical practice and experience and hopefully common sense. Having joined the State Medical Board some months after her colleagues, she has learned much about how the members interact and address the issues and concerns that have been presented. As well, she has appreciated the interaction with other interest groups. She said she has the time for board duties as her husband's three children are grown and live out of state.

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REPRESENTATIVE SPOHNHOLZ offered her understanding that Dr. Freeman is involved in medication assisted treatment for substance abuse disorder.

DR. FREEMAN replied, "Correct."

REPRESENTATIVE SPOHNHOLZ asked whether Dr. Freeman does that via distance.

DR. FREEMAN responded that it is in person.

REPRESENTATIVE SPOHNHOLZ inquired about the kind of medication assisted treatment that Dr. Freeman is doing.

DR. FREEMAN answered that currently two medications are being used primarily, Suboxone and Vivitrol.

REPRESENTATIVE SPOHNHOLZ asked how long Dr. Freeman has been doing that work.

DR. FREEMAN replied that it has been for at least eight years with five and a half years at Algone Group.

REPRESENTATIVE SPOHNHOLZ recalled Dr. Freeman's mention of her religious values. She asked if Dr. Freeman is anti-abortion.

DR. FREEMAN answered yes, she is personally anti-abortion.

REPRESENTATIVE SPOHNHOLZ asked whether Dr. Freeman is aware that Alaska has a strong right to privacy and that abortion is safe and legal in the state.

DR. FREEMAN confirmed she does know that.

REPRESENTATIVE SPOHNHOLZ inquired whether Dr. Freeman is comfortable separating her personal beliefs about abortion from her professional responsibility as a State Medical Board member to ensure that abortion continues to be legal and accessible in Alaska.

DR. FREEMAN answered she understands the regulations that have been in place.

REPRESENTATIVE SPOHNHOLZ inquired about Dr. Freeman's interest in passing regulations to make it more difficult for women to get a safe and legal abortion in Alaska.

DR. FREEMAN replied, "Not unless it's brought up."

REPRESENTATIVE SPOHNHOLZ requested clarification on what Dr. Freeman means about her statement "not unless it's brought up."

DR. FREEMAN responded that if this question presented itself, she would have certain personal beliefs but she is a representative of the State Medical Board and so she will be regulated by the board as opposed to her personal beliefs. She said she can separate the two.

REPRESENTATIVE SPOHNHOLZ posed a scenario of regulations being introduced that are designed to make it more difficult to provide abortions in Alaska, which is a legally and constitutionally required service in the state. She asked whether Dr. Freeman would be able to separate her personal beliefs that abortion is wrong and vote against those regulations.

DR. FREEMAN answered that she believes she can.

CO-CHAIR SNYDER invited appointee Ms. Lydia Mielke to provide testimony stating why she is qualified and interested in serving on the State Medical Board.

[4:16:13 PM](#)

LYDIA MIELKE, Appointee, State Medical Board, Division of Corporations, Business and Professional Licensing, Department of Commerce, Community, and Economic Development, testified as appointee to the State Medical Board. She stated she has worked in tourism for several summers and spent five sessions working in the legislature. About a year and a half ago she graduated with a bachelor's in business management. She took a gap year to travel and spend time with family but was unable to do so because of COVID-19. However, she was appointed to the State Medical Board just over a year ago and was able to spend a significant amount of time learning about the board and what it does and jumping into her role as a public member. The board had weekly meetings for quite a while and met more than any other state board as the COVID-19 pandemic began. The board stayed on top of things and passed emergency regulations to ensure having the physicians needed to support Alaska during the pandemic.

MS. MIELKE said she currently works for the Division of Community and Regional Affairs as a local government specialist.

She related that during her time in the legislature, she learned to do research, find solutions to problems, and communicate effectively with others. That experience has now helped her on the regulative side of things. She brings to the board a younger voice and perspective to help balance things out. She does her research for meetings and isn't afraid to ask questions. She has learned a lot and will continue to learn for however long she is on the board. Ms. Mielke added that she and her family are consumers in Alaska, and she is excited for the opportunity to continue to serve and help ensure public safety.

4:18:20 PM

CO-CHAIR ZULKOSKY asked what motivated Ms. Mielke to put her name forward.

MS. MIELKE replied she is motivated by public service and the opportunity to bring a voice for the consumer. She said she has always been interested in the medical field and loves learning. While she doesn't personally want to go into the field she enjoys learning and serving Alaska and felt this was a good fit. As a public member she wants to be an advocate and voice for consumers. This past year has been a rewarding experience being a part of making Alaska a great place for both physicians and consumers.

CO-CHAIR ZULKOSKY requested Ms. Mielke to speak further regarding her comment about approaching this work through a public safety lens.

MS. MIELKE responded that as a public member she relies on her colleagues for their expertise on the more technical aspects, but she also wants to ensure that public safety and consumers are protected. When the board is looking at a physician, she thinks about whether the doctor is following the statutes and how she would feel as a consumer of the medical field. She wants to make sure she protects other consumers and be a voice for them too.

4:20:52 PM

REPRESENTATIVE PRAX offered his understanding that Ms. Mielke was appointed to the State Medical Board about a year ago.

MS. MIELKE answered correct.

REPRESENTATIVE PRAX asked whether Ms. Mielke has a sense of the types of complaints that are coming before the board.

MS. MIELKE replied that usually complaints come in and then the board's investigative staff will do a quick overview to see if anything is there and then forward the complaint to the physicians on the board. Because she is a public member, she has a more limited role in the disciplinary and complaint side of things. Some of them are frivolous complaints against physicians but the board ensures it thoroughly investigates them all before taking any action or dismissing anything.

[4:21:21 PM](#)

The committee took a brief at-ease.

[4:22:01 PM](#)

CO-CHAIR SNYDER offered her appreciation for Ms. Mielke's desire to serve on the State Medical Board to protect consumers. She requested Ms. Mielke to elaborate on the types of protections she is looking for and whether she heard them from community members.

MS. MIELKE responded that a lot of times the physicians applying to be licensed in Alaska will bring certain baggage with them, so the board thoroughly inspects their background. Sometimes they will have certain things on their record, such as sexual allegations against them. As a consumer she looks at that and thinks about whether she would feel comfortable being attended to by this physician or her family seeing this physician, and sometimes the answer is no. She reads the regulations and statutes and their application, and sometimes she will say no to approving a physician for licensing in Alaska because she cares about the safety of herself and other Alaskans.

[4:23:59 PM](#)

REPRESENTATIVE SPOHNHOLZ noted that Ms. Mielke is a state employee serving on a board, which seems atypical. She asked whether Ms. Mielke received any guidance from the Department of Law on the legality and whether there is a problem with the Ethics Act with a state employee serving on a state board; for example, state employees cannot run for office.

MS. MIELKE answered she has not heard of anything personally.

MS. MIELKE, responding to Co-Chair Snyder, stated that she is from Big Lake.

[4:25:29 PM](#)

CO-CHAIR SNYDER opened public testimony on the appointees to the State Medical Board. She closed public testimony after ascertaining no one wished to testify.

[4:25:54 PM](#)

CO-CHAIR SNYDER expressed a desire to forward the appointees names to the joint legislature.

CO-CHAIR ZULKOSKY noted that two appointees, Sarah Bigelow-Hood, PA] and Larry Daugherty, MD did not participate in a hearing before the committee; therefore, she questioned whether the committee should forward their names at this time. She explained she does not feel comfortable making a recommendation to joint session without having heard from them in committee.

CO-CHAIR SNYDER concurred and said her intent is to forward the names of only those that testified.

[4:26:50 PM](#)

CO-CHAIR SNYDER stated that the House Health and Social Services Standing Committee has reviewed the qualifications for the governor's appointees to the State Medical Board and the Alaska Mental Health Trust Authority, and recommends the following names be advanced to a joint session for consideration: Lydia Mielke, Maria Freeman, Steve Parker, David Boswell, and Richard Wein for the State Medical Board; and Rhonda Boyles, Brent Fisher, Annette Gwalthney-Jones, and Anita Halterman for the Alaska Mental Health Trust Authority. [Testimonies of Boswell, Wein, Boyles, Fisher, Gwalthney-Jones, and Halterman were heard on 4/1/21.] She reminded committee members that this does not reflect intent by any of the members to vote for or against any of these appointees during any further sessions for the purposes of confirmation.

[4:29:03 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:29 p.m.